

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41121

State File No. 495

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 2026		Registrar's No. 495			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON					
b. CITY OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 6 years		c. CITY OR TOWN KANSAS CITY		3188			
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM				d. STREET ADDRESS 3728 EAST 9th Street					
3. NAME OF DECEASED (Type or Print) MARVIN		a. (First) THOMAS		b. (Middle) BALDIDGE		c. (Last)			
4. DATE OF DEATH		(Month) DEC		(Day) 26		(Year) 1950			
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH July 27, 1904			
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (State or foreign country) MILAN MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME THOMAS BALDIDGE		13b. MOTHER'S MAIDEN NAME MAE CHAPMAN		14. NAME OF HUSBAND OR WIFE GRACE BALDIDGE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 491-09-9556		17. INFORMANT'S SIGNATURE OR NAME GRACE BALDIDGE		ADDRESS 3428 East 9th Street KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage resulting from fracture of skull and fracture of testis and lung. DUE TO (b) Antecedent causes DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 28/61 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2nd story		21c. (CITY, TOWN, OR TOWNSHIP) JACKSON		(COUNTY) (STATE) MO			
21d. TIME OF INJURY 12-26-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR auto accident		nmvch			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:57 P.m., from the causes and on the date stated above.									
23a. SIGNATURE G.W.C. Knealy, Jr. Deputy Coroner				23b. ADDRESS 4050 Broadway St. Mo.		23c. DATE SIGNED 12-27-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 28 1950		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24d. LOCATION (City, town, or county) ST. JOSEPH MISSOURI			
DATE REC'D BY LOCAL REG. Dec. 28 1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Thompson		ADDRESS 1331 Brook Creek Blvd. Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 RECD

JUN 12 1951
APR 25 1951

JUN 12 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Basil V Honey

Licensed Embalmer No. 4724

P. O. Address Greshland, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.